
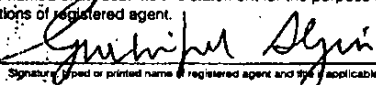
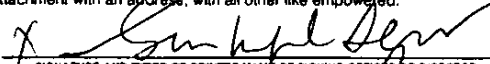


**FILED**  
**Jun 19, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90086 024 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000075038</b>		
1. Entity Name <b>GURKIRPAL S. SHERGILL, M.D., P.A.</b>		
Principal Place of Business <b>295 PATTERSON RD SUITE A HAINES CITY, FL 33844</b>		Mailing Address <b>295 PATTERSON RD SUITE A HAINES CITY, FL 33844</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>SHERGILL, GURKIRPAL S 295 PATTERSON RD HAINES CITY, FL 33844</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: <b>4/27/07</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SHERGILL, GURKIRPAL S M.D. 295 PATTERSON RD HAINES CITY, FL 33844</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  DATE: <b>6/8/07</b> TELEPHONE: <b>863-422-5338</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		